

Iowa Department of Public Health

✓ The Check-Up

An update on issues and ideas related to health reform in Iowa

The Check-Up is a health care reform newsletter designed to keep interested Iowans up to date on the progress of health reform initiatives.

The Check-Up will feature updates on activities of the health reform councils as authorized by [HF 2539](#) (2008) including the Legislative Health Care Coverage Commission, activities related to the Federal Patient Protection and Affordable Care Act ([HR 3590](#)), and other activities related to the focus of the councils.

The Check-Up will be archived on the main IPDH Health Care Reform Website at http://www.idph.state.ia.us/hcr_committees/

Electronic Health Information Advisory Council

Iowa e-Health is committed to providing a health information exchange (HIE) tool that will help Iowa providers demonstrate the various stages of meaningful use. To



support statewide implementation of the HIE, Iowa e-Health would like to

gather participation interest forms from as many providers as possible (especially hospitals and provider practices). The participation interest form can likely be completed in 10 minutes or less by a person in the provider organization that can provide information such as:

- How the organization provides or receives IT support (e.g., centralized support for multiple locations; contracted IT support)
- EHR product(s) and version(s)
- Number of patients in the master patient index (MPI)
- Key data trading partners outside of the organization

The participation interest form, available at <https://www.surveymonkey.com/s/C3DXGP5>, will help the implementation team finalize the implementation schedule and allow the team to follow up with appropriate staff at each provider organization about a "Test Connect Workshop" that will be scheduled later in 2011.

April-June
2011

Websites

Advisory Councils

[Electronic Health Information](#)

[Prevention and Chronic Care Management](#)

[Medical Home](#)

[Health and Long-Term Care Access](#)

[Direct Care Worker](#)

[Governor's Council on Physical Fitness and Nutrition](#)

[Patient Autonomy in Health Care Decisions Pilot Project \(IPOLST\)](#)

Other Iowa HCR Activities

[Iowa Healthy Communities Initiative](#)

[Small Business Qualified Wellness Program Tax Credit Plan](#)

[Legislative Health Care Coverage Commission](#)

[Health Benefits Exchange](#)

And, don't forget to mark your calendars!

The 7th Annual Iowa e-Health Summit will be held August 11-12, 2011 at The Meadows Events and Conference Center in Altoona, Iowa. This year's Summit will feature a new two-day format. Day one will focus on electronic health records and day two will focus on health information exchange. More information about the Iowa e-Health Summit can be found at <http://www.iowahealth.org/provider/events.html>.

**Next Meetings: June 24th 10am – 2pm at the Downtown Mercy (East Tower, Level A)
August 5th 10am – 2pm at the Urbandale Public Library**

Prevention and Chronic Care Management Advisory Council

The Prevention and Chronic Care Management (PCCM) Advisory Council Initial Report is available [here](#).

The PCCM Advisory Council's Annual Report has been finalized and is available [here](#).

Issue Briefs:

- [Chronic Disease Management](#)
- [Disease Registries](#) (developed collaboratively by the PCCM Advisory Council, the Medical Home System Advisory Council, and the eHealth Advisory Council)
- [Prevention](#)
- Currently Drafting – Social Determinants of Health and Community Utility

The **Chronic Disease Management Subgroup** is focusing on [SF 2356](#) to develop a plan to coordinate care for individuals with diabetes who receive care through safety net providers. As a first step, IA/NEPCA conducted focus groups in the Federally Qualified Health Centers (FQHC) to determine the barriers that people with diabetes face. IA/NEPCA produced a report for the Council summarizing the results of the focus groups. The report can be found [here](#). PCCM Staff have been meeting with members of the Iowa Collaborative Safety Net Provider Network, including the free clinics, community health centers, family planning clinics, and rural health clinics to discuss this legislative charge and begin collaboration for the diabetes care coordination plan. The Subgroup has finalized an [Iowa Diabetes Issue Brief](#) which will include initial recommendations concerning issues that have quickly become high priority while working on the diabetes care plan. The recommendations are:

1. Coordinate with existing programs to ensure that test-strips are made available for underinsured and uninsured people with diabetes in Iowa.
2. Ensure that certified diabetes education is available statewide and that outreach is conducted to patients to ensure awareness of this critical service.
3. Ensure the utilization of educational tools, resources, and programs to promote the engagement of people with diabetes and self-management of both obesity and its complications, including diabetes and metabolic syndrome.

The **Prevention Subgroup** is focusing on [HF 2144](#) to develop recommendations by December 15, 2011 on strategies to collect and provide statistically accurate data concerning chronic disease in multicultural groups of racial and ethnic diversity in the state. Following implementation of the strategies and collection of data, the council shall also make evidence-based recommendations to the director to address and reduce identified disparities. The subgroup will submit the recommendations to the full Council, then the Council will submit them to the Director of IDPH. An agreement has been made that the subgroup and IDPH's Office of Multicultural and Minority Health Advisory Council will collaborate closely in the work of this legislative charge. An environmental scan has been conducted on the multicultural data currently being collected in Iowa.

The PCCM Advisory Council continues to collaborate with the Iowa Collaborative Safety Net Provider Network and the Health and Long-Term Care Access Advisory Council to develop their strategic plans.

Affordable Care Act (ACA) Grant Opportunities- PCCM Advisory Council staff has collaborated in applying for two grants:

Medicaid Incentives for Prevention of Chronic Diseases- ACA Section 4108: This grant opportunity allows states to offer incentives to Medicaid enrollees who adopt healthy behaviors. An effective way to encourage healthy lifestyle changes is to offer incentives to those who reach goals. States will adopt such strategies as rewarding Medicaid enrollees who meet goals established for them such as weight loss, smoking cessation or diabetes prevention/control. Click [here](#) for more information.

Childhood Obesity Research Demonstration: IDPH's Bureau of Nutrition and Health Promotion was the lead in coordinating and writing this grant. This grant opportunity will determine whether an integrated model of primary care and public health approaches in the community can improve underserved children's risk factors for obesity. Grantees will develop, implement, and evaluate multiple settings (childcare, school, community, health care), multiple levels (child, family, organization, community, policy) intervention demonstration projects for underserved children ages 2-12 years and their families. To view the Funding Opportunity Announcement, click [here](#).

Community Transformation Grant: This grant opportunity will strive to prevent heart attack, strokes, cancer and other leading causes of death or disability through evidence and practice-based policy, environmental, programmatic, and infrastructure changes. Iowa's application will address all five strategic directions: tobacco-free living; active living and healthy eating; evidence-based quality clinical and other preventive services specifically prevention and control of high blood pressure; healthy and safe physical environment; and social and emotional wellness. The award date is September 15th, 2011. For more information, click [here](#).

Next Meetings: Thursday, June 16th 10am – 3pm Location TBA

Friday, September 9th 10am – 3pm Location TBA

Strategic Plan for Health Care Delivery Infrastructure & Health Care Workforce Resources

The Health & Long-Term Care Access Advisory Council has continued work toward the next phase of the Strategic Plan, due January 2012.

In their meeting on Tuesday, April 26, members heard from Angie Doyle-Scar, IDPH, regarding the Prevention & Chronic Care Management Advisory Council's efforts, including establishment of prevention and chronic disease priorities. Abby McGill, also of IDPH, presented information on the progress of the Medical Home System Advisory Council. As efforts continue with Strategic Plan development, council members recognize the importance of infrastructure which supports the directions health systems delivery is taking. Michelle Holst presented a [review](#) of the council's and department's charge and priorities.

Both during and between meetings, members have been providing input regarding the membership structure of the council, priority policy items which should appear as goals in the 2012 strategic plan, road-blocks preventing accomplishment of those goals and ways in which each council member can support movement toward implementation of strategic plan goals and objectives. In doing so, members have reviewed the [2010 Phase 1 Strategic Plan](#), the [statutory charge](#), and the council's adopted [vision statement](#).

The council looks forward to continued work following the close of the legislative session.

Next Meeting: TBA

Direct Care Worker Advisory Council

Direct Care Workforce Initiative Pilot Project Update

Applications were submitted in response to IDPH's Request for Proposals for interested entities to provide training, mentoring and retention support, and credentials to direct care professionals in Iowa Workforce Development Regions 11 and 15 (click [here](#) for a map of the regions). Successful applicants will begin the planning phase of the pilot in June, and training is expected to begin in January of 2012. IDPH expects to develop regional Field Teams throughout the state to assist with education and outreach about the Direct Care Professional Career Pathways and associated credentials. To keep up to date on progress and activities, go to www.idph.state.ia.us/directcare, click on "Contact Us" and ask us to add you to the E-Update list.

What is a Direct Care Professional?

A direct care professional (DCP) is an individual who provides supportive services and care to people experiencing illnesses or disabilities and receives compensation for such services. Direct care professionals provide 70-80 percent of all direct hands-on services, assisting individuals with daily living tasks, personal care, independent living skills, and basic health care services. Direct care professional is the umbrella name for the workforce. DCPs are commonly called direct support professionals, direct care workers, supported community living workers, home health aides, certified nurse aides, and others.

Direct Care Professional Education Review Committee Members Announced

IDPH recently announced the members of the new Direct Care Professional Education Review Committee. This committee is important because it ensures that people working in the field of direct care are leading the changes in their profession. The committee will serve as an advisory group to the Curriculum Work Group that is developing curriculum and competencies for the new Direct Care Career Pathways. These six individuals bring an incredible amount of talent and experience to the work. The members are:

- Connie Brennan, CHPNA, Hospice of Central Iowa, Carlisle
- Becky Johnson, Home Care Aide III, Mitchell County Home Health Care, Osage
- Stephanie Lange, Caseworker, Lutheran Services in Iowa, Dubuque
- Fran Mancl, CNA Mentor, Stonehill Franciscan Services, Dubuque
- Scott McDowell, Direct Care Support Supervisor, REM Iowa Community Services, Cedar Rapids
- Cindy Ramer, Life Skills Coordinator/CNA, Harmony House Health Care, Denver

Next Meeting: (second Thursday of every month) June 9th 10am – 3pm location TBA

Iowa Healthy Communities Initiative

According to the “The Surgeon General’s Call to Action to Support Breastfeeding,” babies breastfed for six months are at reduced risk for becoming obese. However, only 13% of babies in the United States are breastfed exclusively for that length of time. It has been estimated that if 90% of babies in the U.S were exclusively breastfed for six months, nearly \$13 billion per year in health care and related cost savings would result (*Pediatrics*).

The Harrison County Local Board of Health’s Community Wellness Grant is working to create environments that support breastfeeding through two avenues, peer support and worksites. New mothers are offered an in-person visit by a breastfeeding educator, as well on-going support through the health department. In addition Harrison County is also working with local businesses to put a breastfeeding policy in place so it is easier for new mothers to continue breastfeeding when they return to work.

IDPH’s breastfeeding initiative “6 Steps 4 Success” seeks to create environments that support breastfeeding in healthcare settings. The goal of the Communities Putting Prevention to Work-funded initiative is to improve policy related to breastfeeding in birthing hospitals/centers and ultimately see an improvement in Iowa’s initiation, duration, and exclusive breastfeeding rates. Hospitals are receiving visits focusing on current breastfeeding policy, the Ten Steps to Successful Breastfeeding, individual and state Maternity Practices in Infant Nutrition and Care (mPINC) scores, and staff training needs. Hospitals are then asked to complete a self-appraisal to determine their current status and needs related to breastfeeding policy. Currently, a two hour breastfeeding training for hospital staff working with mother’s and babies, are being offered and scheduled. There is no charge to hospitals for the training, CEU’s for nurses are available, and the trainings are held at the convenience of the hospital. IDPH has partnered with the Iowa Hospital Association and the Iowa Breastfeeding Coalition to make birthing hospitals and the public aware of the initiative and efforts to improve breastfeeding policy in the state.

Objective 3.2 of the Iowans Fit for Life Nutrition and Physical Activity Statewide Plan is to increase the percentage of Iowa infants who are breastfed and increase the proportion of infants who are breastfed at least six months.

Governor’s Council on Physical Fitness and Nutrition

The Live Healthy Iowa Kids/Governor’s Challenge set a new record for highest number of kids participating! Nearly 11,000 kids registered in this year’s challenge. They have formed a total of 549 teams in 61 of Iowa’s 99 counties! 2010 marked the first year of recording healthy behaviors other than just physical activity minutes. These behaviors include fruit and vegetable intake, low-fat milk and water consumption, and screen time. For the 2011 Challenge, participants logged 29,349,473 minutes of physical activity for the full 100 day challenge and consumed 302,512 servings of fruit and 374,580 servings of vegetables over four weeks. To learn more about the challenge visit the Live Healthy Iowa Kids Web site at <http://www.livehealthyiowakids.org/>.

Next Meetings: August 11th location TBA
October 6th, location TBA

Patient Autonomy in Health Care Decisions in Pilot Project Advisory Council (IPOST)

The IPOST Pilot Projects in Linn and Jones counties continue to be actively engaged though each pilot has taken a slightly different course in its implementation. In Linn the focus has been on educating and implementation in the health institutions and among the health providers in the county – especially in Cedar Rapids. In Jones the county wide project has been taken to the people by the health providers through an ongoing series of educational meetings and forums. This strategy has developed widespread grass roots support for the initiative though interest has pushed the leaders beyond their early organizing capacity at times.

This complex community based pilot involves system development and educational work to build local capacity to establish and honor individual choices and physician end of life orders across all local health care providers and environments. The key concepts include community organizing, needs assessment, facility engagement, education and system development.

IDPH serves as the coach to the pilots and the convener of the state advisory council which makes recommendations to the legislature as this project moves forward. The state advisory council will be convened in fall, 2011 to hear the results of the IPOST pilots and deliberate in development of the next set of legislative recommendations.

Click [here](#) to view the March 2011 newsletter.

Legislative Health Care Coverage Commission

The [Legislative Health Care Coverage Commission](#) was created by 2009 Iowa Acts, Chapter 118, §1 ([SF 389](#)) and is charged to develop an Iowa health care reform strategic plan which includes a review and analysis of and recommendations and prioritization of recommendations for various options for health care coverage of Iowa's children, adults, and families, with a particular emphasis on coverage of adults.

The Commission is made up of 11 citizen (voting) members, 4 legislators, and 3 department heads. They began their work in September 2009 and completed their progress report to the General Assembly which summarizes the Commission's activities from September through December 2009. The report with their recommendations can be found [here](#).

Four workgroups were created to focus on particular aspects of health care coverage. The workgroups include:

- [Workgroup I- IowaCare Expansion, Medicaid Expansion Readiness, and High-Risk Pool](#)
- [Workgroup II- Value-based Health Care](#)
- [Workgroup III- Insurance Information Exchange](#)
- [Workgroup IV- Wellness](#)

The Commission has finalized their [2010 Health Commission Recommendations for Presentation to the 2011 General Assembly](#).

Health Benefits Exchange

IDPH has been awarded a one-year grant to plan for the Health Benefits Exchange (HBE). An Interagency Workgroup has been formed with IDPH, Iowa Medicaid Enterprise, Iowa Insurance Division, and the Iowa Department of Revenue to begin the initial planning.

Regional Meetings & Focus Groups

The Interagency Workgroup held a series of regional meetings and focus groups across Iowa to ensure considerable stakeholder involvement throughout the planning of the HBE. Joel Ario, Director of the U.S. Health and Human Services Center of Health Insurance Exchange, attended the first of series of regional Meetings in Des Moines on December 13th. They gained consumer buy-in and created transparency. Community stakeholder groups were given a chance to voice concerns and solicit ideas and expectations from what Iowans want out of an HBE. Participants in the focus groups were asked various open-ended questions concerning such elements as:

- What benefits should be included in the final benefit packages?
- How should the information delivered?
- What tools should be available to make obtaining benefits more accessible?

The information gathered from the meetings will be shared with stakeholders and policymakers as part of the planning process. A [Preliminary Summary of HBE Regional Meetings-Focus Groups](#) is available, and a full report will be finalized soon.

- Video presentations from the regional meetings can be viewed [here](#).
- Educational whitepapers that were created by the Interagency Workgroup and distributed at the regional meetings and focus groups can be viewed here:

- [HBE Overview](#)
- [HBE Consumer Overview](#)
- [HBE Whitepaper- Key Decisions and Activities Table](#)
- [HBE Whitepaper- Difference Between Exchanges](#)
- [HBE Whitepaper- Medicaid Expansion Under the ACA](#)

Background of Insurance Exchanges

Beginning in 2014, tens of millions of Americans will have access to health coverage through newly established Exchanges in each State. Individuals and small businesses can use the Exchanges to purchase affordable health insurance from a choice of products offered by qualified health plans. Exchanges will ensure that participating health plans meet certain standards and facilitate competition and choices by rating health plans' quality. Individuals and families purchasing health insurance through Exchanges may qualify for premium tax credits and reduced cost-sharing if their household income is between 133 percent and 400 percent of the Federal poverty level. The Exchanges will coordinate eligibility and enrollment with State Medicaid and Children's Health Insurance Programs to ensure all Americans have affordable health coverage.

Health Benefits Exchange (cont.)

Legislation

Three pieces of legislation were introduced during the 2011 Iowa legislative session creating a HBE in the state. The bills were [Senate File 348](#) and two companion bills, [Senate File 391](#) and [House File 559](#). None of these bills made it through the second funnel and are dead for the 2011 legislative session. This places Iowa in an interesting position for the 2014 health care reform push, making the 2012 legislative session even more important for Iowa HBE legislation to be passed.

Interagency Workgroup Activities

As previously stated, IDPH is collaborating with the Iowa Insurance Division (IID), Iowa Department of Human Services (DHS) and the Iowa Department of Revenue (IDR) as part of an Interagency Planning Workgroup to assess the support of, need for, and creation of the HBE. The workgroup will issue final recommendations to the Governor, policymakers, and the public for the establishment of a HBE.

- **DHS** received \$445,727 and is identifying IT requirements for program interoperability and seamless enrollment into coverage plans. DHS is also evaluating business processes and IT solutions that will integrate Medicaid and CHIP eligibility determination, enrollment and covered services into the HBE, and new eligibility procedures for tax credits.
- DHS has contracted with FOX: A Cognosante Company (FOX)
 - To date, FOX has delivered, to the DHS, work breakdown structure, communication plan, risk management plan, quality management plan, and staffing management plan. FOX is on schedule to produce a RFI in the spring of 2011.
 - FOX is analyzing the current eligibility IT systems and infrastructure for Medicaid. FOX will be conducting an “as-is” and “to-be” analysis. Specifically, FOX will analyze the Medicaid eligibility determination business “As Is” processes and develop a “To Be” roadmap as it relates to field operations, state Medicaid eligibility policy and the Iowa Automated Benefit Calculations (IABC) system to determine the impact on a new Medicaid eligibility determination processes and system as well as the impacts to the HBE to achieve a defined business outcome.
 - Additionally, FOX is working on a strategic plan to identify business processes and IT solutions to integrate Medicaid, CHIP and tax credits eligibility determinations and enrollment. FOX will examine Medicaid eligibility determination system options that support and align with health care reform, create innovative business processes and utilize the most advanced technologies.
- They are also in the process of identifying needs for Medicaid program interoperability with the HBE. FOX is looking to tie Medicaid eligibility in the Iowa HBE by analyzing interfaces with other systems.
- **IID** received \$232,523 and is taking the lead in developing insurance market assessments, assessing integration to the current insurance information exchange call center, reviewing filings for premium rates, and surveying carriers benefit designs and survey carrier and provider market competitiveness.
- **IDR** received \$23,424 and is providing leadership for financial modeling, developing specifications for accounting and financial systems, determining budget impacts, working to ensure that a system is in place to issue appropriate tax credits and subsidies to eligible individuals, and developing a system that can be easily audited and understood by the taxpayers.

Establishment Grant

Iowa has submitted a letter of intent to apply for the Level One of the Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges by December 31st, 2011. The letter of intent can be viewed [here](#).

Three members of the Interagency Workgroup attended the Center for Consumer Information and Insurance Oversight (CCIIO) State Exchange Grantee Meeting in Denver, Colorado on May 5th and 6th. Topics covered during this meeting include experiences from the seven early innovator states, other states legislation/governance structures, and IT guidance. Interagency Workgroup members also attended the Utah Health Exchange Invitational meeting held on May 12th and 13th in Salt Lake City, Utah to learn about Utah’s experience in implementing their HBE.

A new website called State Refor(u)m has been launched- <http://www.statereform.org>- as a resource to assist state health officials and the broader state health policy community as they tackle the implementation challenges and opportunities created by the federal law. State Refor(u)m provides tools, information and resources to aid states in meeting the ACA’s requirements. The goals of the website are to: 1) foster online peer learning, 2) highlight states’ implementation progress and 3) share states’ successes with others nationwide who may benefit.